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TO:Attention: Dian C. JacobsonCompany: U.S. Patent and Trademark OfficeCompany Telephone: 703-308-2973FAX Number: 703-305-7401

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FROM: Patrea L. PabstDirect Number: 404-873-8794Total Pages Including This Cover Sheet: 22 Date: November 20, 1997Matter: Mount Sinai Medical Center File Number: 21121/10

MESSAGE: Response and Amendment for Patent Application Serial Number
08/444,934

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The "Received" stamp of the Patent Office imprinted hereon acknowledges the filing of:

Applicant: Richard M. Lawn, Gordon A. Vehar, and Karen

L. Wion
Serial & Docket No. 08/444,934 MSM101CONTC.

Filed: May 22, 1995

Papers Submitted:

Amendment and Response to Office Action; Petition for Three Month Extension of Time with Certificate of Mailing (in duplicate); PTO-1083 (in duplicate); and Checks for \$735.00 and \$195.00.



Date: February 18, 1997

21121/10

By: Patrea L. Pabst, Reg. No. 31,284

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In re application of: Richard M. Lawn, Gordon A. Vehar and Karen L. Wion

Serial No.: 08/444,934

Filed: May 22, 1994

For: METHODS AND DEOXYRIBONUCLEIC ACID FOR THE PREPARATION OF TISSUE FACTOR PROTEIN

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

| (Col. 1) | | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|--|---|-------|---------------------------------------|---|------------------|---------------------|---------------|---------------------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | | PRESENT EXTRA | | ADDIT. FEE | | ADDIT. FEE |
| TOTAL | 23 | MINUS | 20 | = | 3 | X 11 = | \$ 0 | x22= | \$66 |
| INDEP | 6 | MINUS | 3 | = | 3 | x 40 = | \$ 0 | x80 = | \$240 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | +130 | \$ | +260 | \$ |
| | | | | | | TOTAL ADDIT. FEE | \$ 0 | or | TOTAL \$306 |

* If the entry in Col.1 is less than the entry in Col.2, write "0" in Col.3.

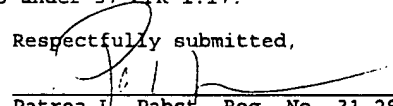
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- ☒ Please charge my Deposit Account No. 01-2507 amount of \$306.00. A duplicate copy of this sheet is attached.
- ☒ Checks in the amount of \$195.00 and \$730.00 are attached for 3 month extension of time.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 01-2507. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,


Patrea L. Pabst, Reg. No. 31,284